

County:
CCS Daily Charge Log - Medical Records

Recipient Name: _____ Recipient ID _____ Period: _____ to _____

A	B	C	D	E	F	G	H	I	J	K	L	M
Line	Service	Direct Staff and Purchased Services	Activity	Units								
				Date:								Total
A 9	Service A	M.D.	Individual									0
A 9	Service A	M.D.	Group									0
A 10	Service A	APNP	Individual									0
A 10	Service A	APNP	Group									0
A 11	Service A	Ph.D.	Individual									0
A 11	Service A	Ph.D.	Group									0
A 12	Service A	Masters	Individual									0
A 12	Service A	Masters	Group									0
A 13	Service A	Bachelors	Individual									0
A 13	Service A	Bachelors	Group									0
A 14	Service A	Peer Specialist	Individual									0
A 14	Service A	Peer Specialist	Group									0
A 15	Service A	Rehabilitation Worker	Individual									0
A 15	Service A	Rehabilitation Worker	Group									0
A 16	Service A	Other	Individual									0
A 16	Service A	Other	Group									0
A 18	Service A	Purchased Service 1	Individual									0
A 18	Service A	Purchased Service 1	Group									0
A 19	Service A	Purchased Service 2	Individual									0
A 19	Service A	Purchased Service 2	Group									0
A 20	Service A	Purchased Service 3	Individual									0
A 20	Service A	Purchased Service 3	Group									0
B 12	Service B	Per Diem	Individual									0
C 15	Service C	Day Treatment.	Individual									0
D 9	Service D	Purchased Service 1	Individual									0
D 10	Service D	Purchased Service 2	Individual									0
D 11	Service D	Purchased Service 3	Individual									0
D 12	Service D	Purchased Service 4	Individual									0

Service Facilitator's Initials: _____